'Strategizing' by Personnel in Hospitals: A Scoping Review

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Author Contributions

This scoping review was conducted in accordance with a previously published protocol developed by Dr. Carolyn Donohoe as part of her PhD program under the supervision of Dr. Kate Frazer and Dr. Thilo Kroll. Dr. Donohoe led the original conceptualization and protocol development for the review. Dr. Frazer and Dr. Kroll provided intellectual oversight and methodological guidance during the development of the protocol and the early phases of the project.

Although Dr. Donohoe subsequently transitioned to a new position following completion of her doctoral studies, her foundational contributions to the study design and protocol informed the conduct of the present review. Dr. Kroll continued to provide senior scholarly guidance and critical input throughout the development of the manuscript.

The review was undertaken with the ongoing academic oversight of Dr. Kate Frazer and Dr. Thilo Kroll and was facilitated by Dr. Negin Fouladi and Nedelina Tchangalova as part of a graduate internship led by Dr. Fouladi. Students enrolled in the online master's course, *Healthcare Strategic Planning and Marketing*, contributed to the scoping review process as an integral component of the curriculum.

Conflict of Interest Statement

The authors have declared that they have no competing or potential conflicts of interest.

ABSTRACT

Introduction: Hospitals are important ecosystems and vital to healthcare delivery. Uncertainty challenges the development of strategic practice capacity and functional flexibility, as well as the ability to keep pace with the evolving definition of services. This scoping review examines evidence on strategizing practices, often termed 'strategy-as-practice,' reported by hospital staff in professional and managerial roles, focusing on strategy development, implementation, and evaluation.

Methods: The Population, Concept, Context (PCC) framework guided the scoping review. Four databases (PubMed, CINAHL, PsycINFO, and Business Source Complete) were searched initially in 2023, with an update in 2024. Eligibility criteria included studies focused on adults and hospital settings. Records published in English from 2018 to 2024 were included. We located 6,044 records and uploaded them to Rayyan. Titles and abstracts were independently screened, and 562 full-text papers were assessed for eligibility. An initial analysis using ChatGPT helped identify key themes aligned with the objectives, followed by an independent review by the authors to verify accuracy and ensure reliability and rigor.

Results: We included 51 studies and identified seven themes influencing strategizing and planning: 1) Awareness and education, 2) Resource constraints, 3) Organizational culture and leadership, 4) Operational challenges, 5) Interdisciplinary collaboration, 6) External pressure and stakeholder dynamics, and 7) Cultural and structural factors. Facilitators included safe environments and incident reporting systems. The barriers highlighted data silos, increased workloads, and workforce challenges, including time constraints.

Conclusion: Hospitals need clearly defined strategies, comprehensive quality frameworks, and strong leadership. The evidence underscores the importance of continuous staff development, patient safety systems, and technology integration as critical components for effecting change.

Keywords: Strategizing, strategy-as-practice, strategic planning, strategic implementation, healthcare management, organizational strategy, workforce planning

Highlights

- Culture, resources, and collaboration shape strategizing in hospitals.
- Strategy development, implementation, and evaluation are shaped by staff roles.
- Hospital change requires a clear strategy, leadership, and tech use.
- Data silos, time constraints, and resource limitations are barriers to strategizing.

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1 | INTRODUCTION

According to the World Health Organization (WHO), hospitals are extremely important to individuals because of their vital role in organizing and delivering care. They are also essential for reaching the community and integrating primary care services into the health system.[1] Due to the constant change within health systems, there is uncertainty for the future, making it hard to build strategic practice capacity and functional flexibility to keep up with the changing definition of services.[2,3] A fundamental aim of a healthcare system is to enhance the value delivered, which is quantified by patient outcomes rather than expenditures.[4] Sixty to seventy percent of health system resources and budgets are allocated for hospital care, which pressures hospitals to achieve better results.[1] Furthermore, hospitals need effective strategic practices and flexibility to react to changes in their environment and utilize their resources more efficiently.[5–9]

An effective strategy can be seen as a great achievement for many healthcare organizations, providing a template for communicating the required processes and achieving goals.[10] Strategy is often implemented through a strategic planning process, a formal decision-making mechanism within the organization.[11] Strategizing, often termed ‘strategy as practice,’ comprises activities across the whole spectrum, including recognizing, planning, implementing, and evaluating.[12]

A specific area that warrants greater attention is how healthcare clinicians and managers strategize, as medical professionals and hospital administrators often hold contradictory goals.[13] The value of nurse managers' engagement has long been amplified in supporting their involvement in developing and implementing organizational strategy.[14] These contradictions in goal setting between individual medical specialties and the hospital and public sector warrant further examination.

2 | AIMS AND OBJECTIVES

The aim of this review was to map peer-reviewed evidence to identify strategies used by healthcare professionals and administrators in hospital settings.

The objectives were the following:

1. Map the published literature to identify the number and types of studies, settings, and geographical distribution.
2. Report theoretical frameworks or models used in strategizing, noted in the evidence.
3. Explore what is known about hospital strategic planning, flexibility, and implementation activities.
4. Identify who engages in strategic planning and implementation and what factors facilitate or hinder strategizing in hospitals.
5. Identify literature gaps to inform future research opportunities in this field.

The research question for this scoping review was “How do hospital personnel strategize from planning to implementation in hospitals?”

3 | METHODS

3.1 | Protocol

This scoping review was guided by the *JBI Manual for Evidence Synthesis*[15] and *PRISMA Extension for Scoping Reviews (PRISMA-ScR) Checklist and Explanation*[16] (**Appendix A**). A protocol was developed a priori and published in advance in *HRB Open Research*. [17]

3.2 | Information Sources

Given the broad nature of the research question, a scoping review was an appropriate approach to map the existing literature on hospital strategy and to identify gaps. To reflect this broad focus, the search was conducted in PubMed and three EBSCO databases (Business Source Complete, CINAHL, and PsycINFO) to capture the full range of relevant literature.

3.3 | Search Strategy

The Population, Concept, and Context (PCC) framework, as outlined by Peters et al.,[18] was used to structure the review question and guide the database searches. Free keywords were expanded using synonyms, related terms, and database-appropriate controlled vocabulary. Keywords for the search strings included hospital personnel (P), strategizing, strategy planning, or implementation (C), and hospitals (C). The search terms were adapted to accommodate the different database platform syntax, and search strategies are provided in **Appendix B**.

3.4 | Eligibility Criteria

Studies were required to meet the eligibility criteria described in **Table 1**. ‘Strategy’ has been researched for decades, and the field of 'strategy-as-practice' has emerged over the last twenty years. To align with contemporary hospital practices, searches were restricted to 2018-2024 and were completed in July 2024. All study designs published in English were included.

Studies were excluded if they focused only on evaluating or recommending existing strategies without addressing the strategic process as defined by the inclusion criteria. Studies were excluded if they did not focus on adults or were not conducted in hospital settings (**Table 1**).

During the first phase, the research team, working in five separate pairs, screened 100 records and refined their inclusion criteria following discussion (DA, MDA, AWCD, LG, MAH, BJ, NAAK, EM, GIM, BES). A second calibration of screening decisions was made following discussion with senior co-authors (NF, KF). The same reviewing teams conducted the full-text review.

Table 1. Eligibility Criteria for Study Selection

Concept	Inclusion Criteria	Exclusion Criteria
Population	Hospital personnel over 18 years, from the frontline upwards, and any discipline or group within the hospital. This includes frontline managers, middle managers, executive managers, nursing, medical, and allied health professionals, administrators, and corporate personnel.	Non-hospital personnel under 18 years of age
Concept	Strategizing encompasses the strategic planning process (planning, assessment, and strategy development for the organization; strategic implementation and communication; and review and evaluation of the plan).	Descriptions of strategy processes, factors influencing strategic processes, and perceptions of strategies that lack any of the elements of planning, assessment, development, implementation, and evaluation.
Context	The setting was hospitals with adult populations in any country.	Pediatric hospitals or non-hospital settings
Species	Humans	Non-human and animals
Study type	Quantitative, qualitative, and mixed methods studies	Review studies (e.g., literature, systematic, scoping, etc.)
Language	English	Non-English
Publication year	January 2018 - July 2024	Prior to January 2018

3.6 | Data Extraction

Data were extracted using an Excel spreadsheet based on the PCC framework, capturing key variables including country, study aims, population, methodology, setting, key findings, strategic activity, hospital personnel type, barriers and enablers to engagement, strategic definitions, and theoretical framework used, and research gaps noted.

This spreadsheet was refined after an initial review of sample studies to add or remove data as needed. Additional data included the definition of strategizing, the clinical setting, the strategic planning level (organization, department, unit), and the completeness of strategizing (full, partial, or limited lifecycle). Discrepancies or challenges noted by the five reviewing pairs were resolved through discussion or consulting the lead author (NF).

3.7 | Analysis

As this review was conducted as part of an academic internship module, we used ChatGPT to perform an initial content analysis of the extracted data. This tool was employed to identify key themes and articulate strategic approaches. Then, the research team reviewed the outcomes

separately to consider the validity and reliability of Artificial Intelligence (AI)-generated content. All pairs reviewed and independently validated the proposed themes, which were subsequently modified following further discussion with the lead author.

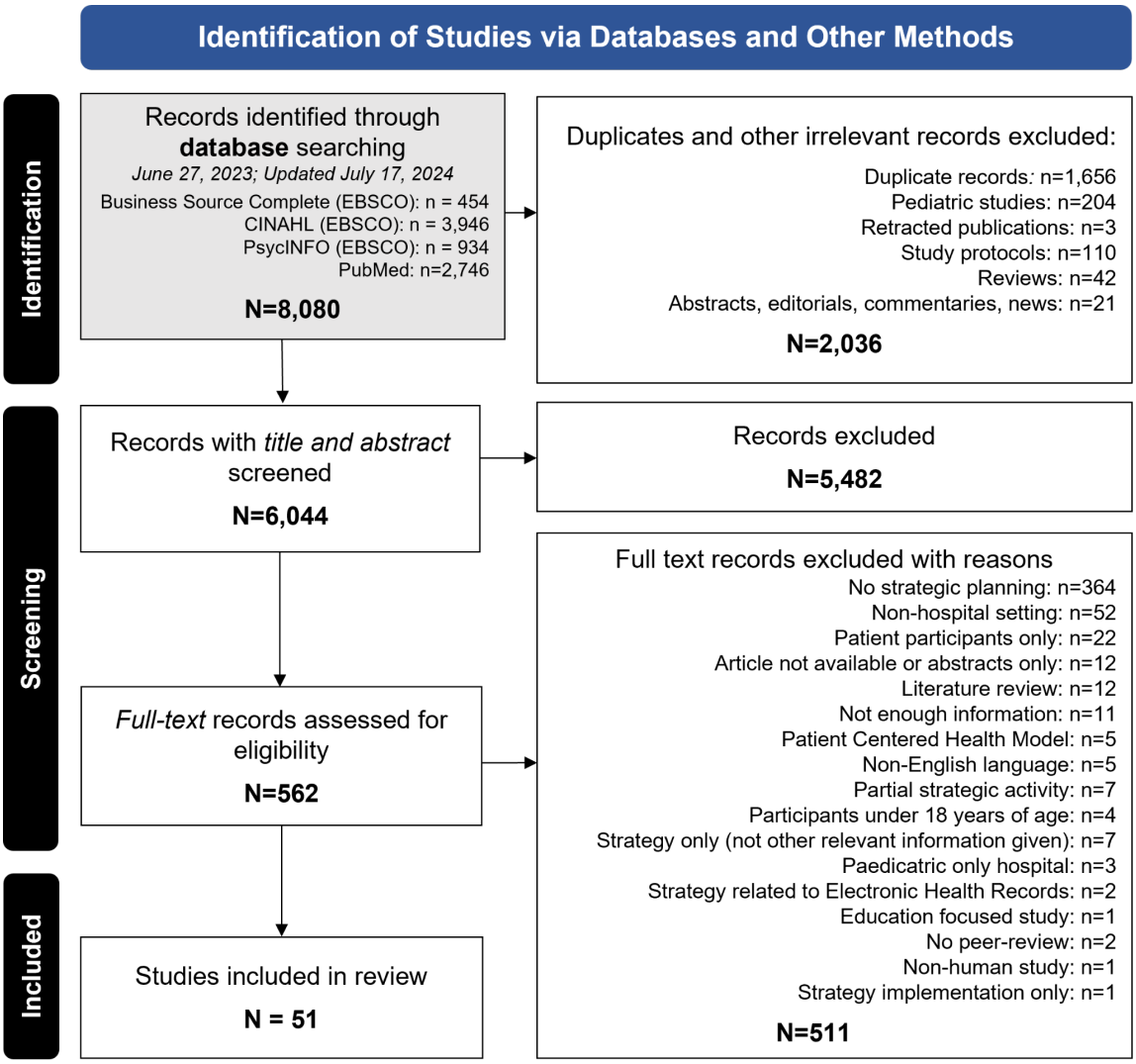
Descriptive variables were summarized and are reported in tables and diagrams. Barriers and enablers to staff engagement are presented in narrative form.

4 | RESULTS

4.1 | Search Results

Figure 1 shows the search and selection process for identifying studies that met the inclusion criteria. A total of 6,044 unique records were screened, and 543 were identified for full-text retrieval and subsequent screening. Fifty-one studies met the eligibility criteria.[21–71]

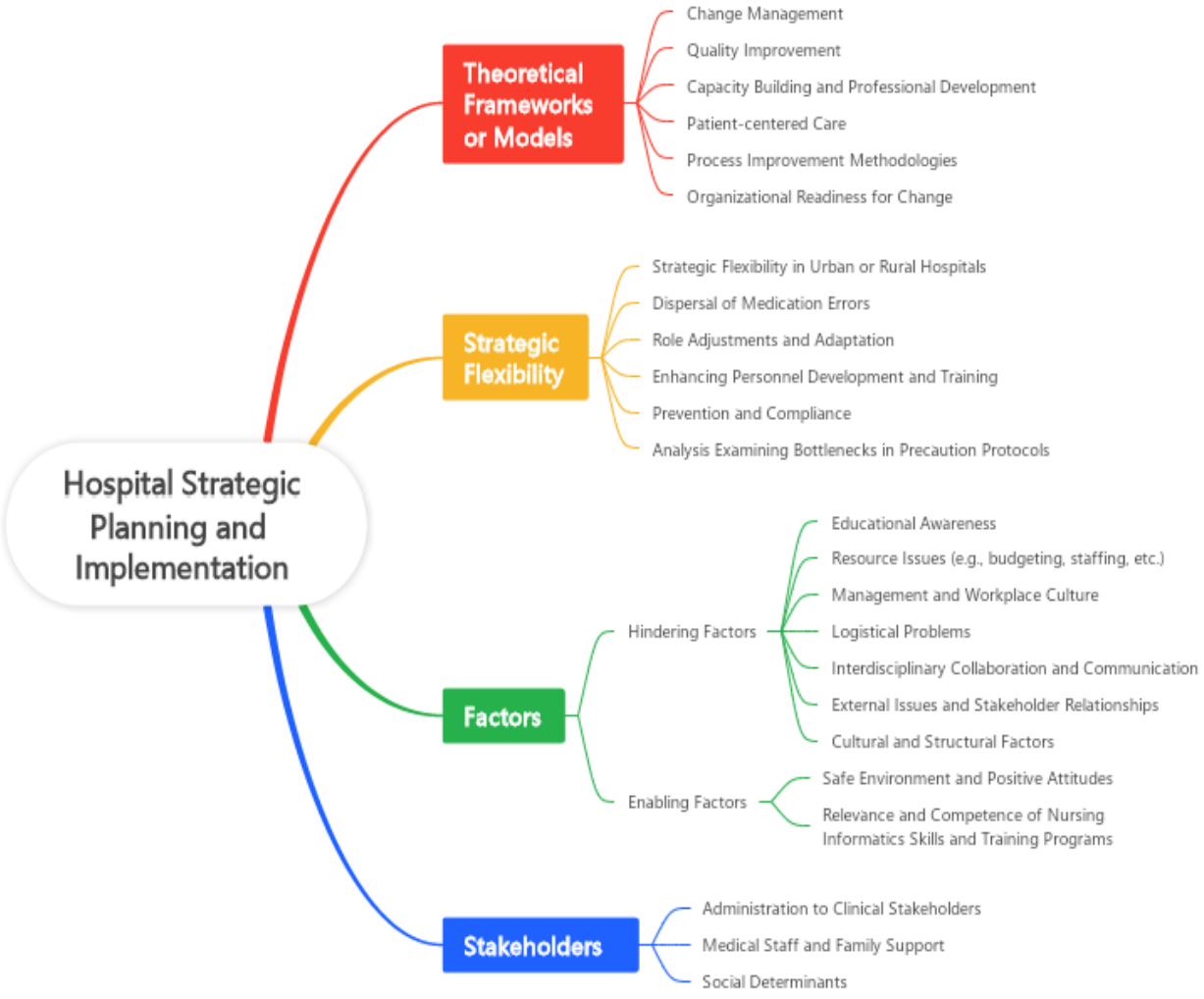
Figure 1. PRISMA Flow Diagram Outlining the Study Selection Process



4.2 | Synthesis of Results

A mind map provides a visual overview of the results presented in this section (**Figure 2**).

Figure 2. Mind Map of Key Themes in Hospital Strategic Planning and Implementation



4.2.1 | Characteristics of Studies

The characteristics of the included studies are summarized in **Table 2**.

Table 2. Characteristics of the Included Studies

Authors	Year	Country	Methodology/ Design	Health Care Providers	Setting/ Hospital Clinical Area	Level of Strategic Planning	Completeness of Strategizing*	Theoretical Framework (Yes/No)
Abhicharttibutra et al.[21]	2023	Thailand	Qualitative	Public (not for profit)	Rural and remote community hospitals	Organization	Partial	Y
Aikpitanyi et al.[22]	2019	Nigeria	Quantitative	Public (not for profit)	Comprehensive antenatal, delivery, and post-natal care, Comprehensive Emergency Obstetric Care (CEOC)	Department	Partial	N
Al Zoubi et al.[23]	2023	Canada	Quantitative	Public (not for profit)	Operating room	Department	Limited	N
Al-Katheeri et al.[24]	2018	Qatar	Mixed-methods	Public (not for profit)	Not reported	Organization	Limited	N
Allen et al.[25]	2022	United States of America	Qualitative	Public (not for profit)	Not reported	Organization	Limited	N
Anderson et al.[26]	2021	Canada	Qualitative	Public (not for profit)	Not reported	Organization	Limited	N
Aoun et al.[27]	2018	Lebanon	Quantitative	Public (not for profit)	Not reported	Organization	Limited	Y
Ballester et al.[28]	2022	United States of America	Mixed-methods	Public (not for profit)	Not reported	Organization	Limited	N
Baloh et al.[29]	2018	United States of America	Qualitative	Public (not for profit)	Not reported	Organization	Limited	Y
Bartram et al.[30]	2020	Australia & Canada	Quantitative	Public (not for profit)	Accident and Emergency (A&E) Departments	Department	Limited	Y
Chen et al.[31]	2021	China	Quantitative	Public (not for profit)	Pharmacy with 4 sections: outpatient, inpatient (internal medicine), inpatient (surgical), and automatic pharmacy	Department	Full lifecycle	Y
Chen et al.[32]	2022	China	Mixed-methods	Public (not for profit)	Not reported	Organization	Full lifecycle	N

Authors	Year	Country	Methodology/ Design	Health Care Providers	Setting/ Hospital Clinical Area	Level of Strategic Planning	Completeness of Strategizing*	Theoretical Framework (Yes/No)
Condon et al.[33]	2018	Wales	Qualitative	Unclear/ Not reported	Emergency Department	Department	Full lifecycle	Y
Eames et al.[34]	2018	Australia	Qualitative	Unclear/ Not reported	Occupational therapy department at the hospital	Organization	No strategic activity	Y
Eamranond et al.[35]	2022	United States of America	Mixed-methods	Private	Not reported	Unit	Partial	Y
Eturajulu et al.[36]	2022	Malaysia	Qualitative	Public (not for profit)	Medical imaging departments in hospitals	Organization	Full lifecycle	Y
Gardner et al.[37]	2023	Australia	Qualitative	Unclear/ Not reported	A regional hospital in urban settings, rehabilitation, and mental health services, along with aged care provided to the community	Organization	Full lifecycle	Y
Guo et al.[38]	2018	Canada	Mixed-methods	Public (not for profit)	Adult rehabilitation hospital.	Organization	Full lifecycle	N
Gutenstein et al.[39]	2019	New Zealand	Qualitative	Unclear/ Not reported	Emergency rooms in rural hospitals	Organization	Full lifecycle	Y
Harper et al.[40]	2022	Australia	Mixed-methods	Unclear/ Not reported	Tertiary hospital	Organization	Full lifecycle	N
Hunt et al.[41]	2022	Canada	Qualitative	Public (not for profit)	Rehabilitation center	Department	Limited	N
Kagan et al.[42]	2024	Canada	Qualitative	Unclear/ Not reported	Community academic hospital with a dedicated acute care stroke unit, acute care patients with aphasia	Unit	Full lifecycle	Y
Kakemam et al.[43]	2021	Iran	Qualitative	Unclear/ Not reported	Hospital	Organization	Partial	Y
Kasatpibal et al.[44]	2018	Thailand	Qualitative	Mixed	Across all surgical departments in 33 hospitals	Organization	Partial	N
Kuznetsova et al.[45]	2024	United States of America	Qualitative	Unclear/ Not reported	Medical/surgical units	Organization	Partial	Y

Authors	Year	Country	Methodology/ Design	Health Care Providers	Setting/ Hospital Clinical Area	Level of Strategic Planning	Completeness of Strategizing*	Theoretical Framework (Yes/No)
Langabeer et al.[46]	2018	United States of America	Mixed-methods	Public (not for profit)	Not reported (teaching hospitals)	Organization	Full lifecycle	N
Lin et al.[47]	2020	China	Mixed-methods	Unclear/ Not reported	Not reported	Organization	Full lifecycle	N
Mudge et al.[48]	2023	Australia	Qualitative	Public (not for profit)	Two acute care wards	Unit	Full lifecycle	Y
Mughal et al.[49]	2019	United Kingdom	Mixed-methods	Unclear/ Not reported	Not reported	Organization	Full lifecycle	Y
Opper et al.[50]	2019	United States of America	Mixed-methods	Private	Adult surgical units	Unit	Full lifecycle	Y
Probus & Smith[51]	2020	United States of America	Mixed-methods	Unclear/ Not reported	Emergency room	Department	Full lifecycle	Y
Rodríguez-González et al.[52]	2020	Spain	Qualitative	Public (not for profit)	Tertiary-care teaching hospital of the Madrid Public Health Service	Department	Full lifecycle	Y
Sakamoto et al.[53]	2020	United States of America	Quantitative	Unclear/ Not reported	Hospitals	Organization	Partial	N
Schmutz[54]	2022	Switzerland	Qualitative	Unclear/ Not reported	Hospital	Organization	Full lifecycle	Y
Smith et al.[55]	2018	United States of America	Qualitative	Unclear/ Not reported	Rural hospital	Organization	Limited	Y
Staines et al.[56]	2018	Switzerland	Quantitative	Public (not for profit)	Hospital	Organization	Full lifecycle	N
Surani et al.[57]	2019	Canada	Qualitative	Unclear/ Not reported	Large mental health organization-hospital	Organization	Full lifecycle	N
Trakulsunti & Trakoonsanti[58]	2021	Thailand	Qualitative	Public (not for profit)	Inpatient pharmacy	Department	Full lifecycle	Y
Tsuru et al.[59]	2019	Japan	Quantitative	Unclear/ Not reported	Hospital	Organization	Full lifecycle	N
Vaghasiya et al.[60]	2021	Australia	Qualitative	Unclear/ Not reported	Hospital	Organization	Full lifecycle	Y
Vahdat et al.[61]	2024	Iran	Qualitative	Public (not for profit)	Iran University of Medical Sciences	Organization	No strategic activity	N

Authors	Year	Country	Methodology/ Design	Health Care Providers	Setting/ Hospital Clinical Area	Level of Strategic Planning	Completeness of Strategizing*	Theoretical Framework (Yes/No)
van der Woerd et al.[62]	2024	Netherlands	Qualitative	Mixed	9 public hospitals, consisting of a hospital network system	Organization	No strategic activity	N
Weech-Maldonado et al.[63]	2018	United States of America	Quantitative	Unclear/ Not reported	Hospital	Organization	Full lifecycle	Y
Wong et al.[64]	2021	Hong Kong	Qualitative	Public (not for profit)	Hospital	Organization	Full lifecycle	Y
Yoon et al.[65]	2022	Canada	Quantitative	Unclear/ Not reported	Hospital	Organization	Full lifecycle	N
Yuce et al.[66]	2020	United States of America	Quantitative	Unclear/ Not reported	Hospitals	Organization	Limited	N
Yusrawati et al.[67]	2022	Indonesia	Quantitative	Public (not for profit)	Hospital	Department	Partial	N
Zaforteza-Lallemand et al.[68]	2024	Spain	Qualitative	Unclear/ Not reported	Five wards	Unit	Partial	Y
Zhang et al.[69]	2021	United States of America	Mixed-methods	Unclear/ Not reported	Hospital	Organization	Full lifecycle	N
Zhao et al.[70]	2018	China	Mixed-methods	Unclear/ Not reported	Inpatient unit	Department	Full lifecycle	Y
Zimbudzi & Fraginal[71]	2023	Australia	Qualitative	Unclear/ Not reported	Hemodialysis unit	Unit	Limited	N

*Full lifecycle of strategic activity (from development to evaluation reported); Partial strategic activity (two or more components); Limited strategic activity (only one component); No strategic activity explicitly included

Almost 45% of studies were published in 2018 (12, 23.5%) and 2022 (10, 19.6%) (**Appendix C**). Included studies spanned 18 countries, and a sizable majority (49.5%) were conducted in the United States (13, 25.5%) and Canada (7, 13.7%) (**Appendix D**). More than 50% of studies used qualitative study designs (26, 51%), followed by mixed methods (13, 25.5%) and quantitative methods (12, 23.5%) (**Appendix E**).

The type of health care providers reported in the studies included public/not-for-profit (23, 45.1%), private (2, 3.9%), and mixed models (2, 3.9%). In the majority of studies (24, 47.1%), the provider type was either not reported or unclear (**Appendix F**). Included studies demonstrated strategic planning at the organizational level (34, 66.7%), the departmental level (11, 21.6%), and at the individual ward or unit level (**Appendix G**).

Most studies (27, 52.9%) reported a full lifecycle of strategic activity, covering activities from development to evaluation. Nine studies (17.6%) reported partial strategic activity, and a smaller

portion (12 studies, 23.5%) described limited strategic activity, focusing on just one component. Three studies (5.9%) did not explicitly include any strategic activity (**Appendix H**).

4.2.2 | Theoretical Frameworks or Models of Strategizing in Hospitals

Twenty seven studies (52.9%)[27,29–31,33-37,39,42,43.45,48–52,54,55,58,60,63,64,68,70] identified theoretical frameworks or models used to guide change management and implementation of transformative initiatives within healthcare organizations (**Table 3**). These are summarized below under key headings:

- **Change Management**

Three studies (5.9%) focused on implementing changes within healthcare organizations or adopting new technologies.[45,50,63] Two studies (4%) utilized guide implementation processes and assessed their impact on organizational culture and healthcare practices.[29,54]

- **Quality Improvement**

Five studies (9.8%) aimed to improve the quality of healthcare delivery.[36,48,52,55,70] Quality improvement frameworks provided structured approaches for identifying inefficiencies, mitigating risks, and implementing evidence-based improvements, allowing for evaluation of interventions in enhancing healthcare processes, patient outcomes, and system-level performance.

- **Capacity Building and Professional Development**

Six studies (11.8%) focused on enhancing healthcare professionals' skills, knowledge, and competencies to improve service delivery and patient care.[21,34,37,39,43,68]

- **Patient-centered Care**

Three studies (5.9%) aimed to enhance patient engagement, experience, and safety regarding care.[33,35,42]

- **Process Improvement Methodologies**

Six studies (11.8%) focused on optimizing healthcare delivery through methodologies such as lean management and Plan-do-Study-Act Framework.[27,30,31,49,51,58] These methodologies sought to identify inefficiencies, streamline workflows, and improve healthcare delivery.

- **Organizational Readiness for Change**

Two studies (3.9%) explored the readiness of healthcare organizations to undergo planned transformations or implementations.[60,64] These studies often drew upon frameworks for organizational readiness to change.

Table 3. Theoretical Frameworks

Authors	Year	Processes of Strategic Activity	Key Headings
Abhicharttibutra et al.[21]	2023	The Total Rewards Mix Model of Moore and Bussin	Capacity Building and Professional Development
Aikpitanyi et al.[22]	2019	N/A	N/A
Al Zoubi et al.[23]	2023	N/A	N/A
Al-Katheeri et al.[24]	2018	N/A	N/A
Allen et al.[25]	2022	N/A	N/A
Anderson et al.[26]	2021	N/A	N/A
Aoun et al.[27]	2018	Lean Practices	Process Improvement Methodologies
Ballester et al.[28]	2022	N/A	N/A
Baloh et al.[29]	2018	Kotter Model of Change	Change Management
Bartram et al.[30]	2020	Lean Management (LM) Methodologies	Process Improvement Methodologies
Chen et al.[31]	2021	Lean Six Sigma methodology and Failure Mode and Effect Analysis (FMEA)	Process Improvement Methodologies
Chen et al.[32]	2022	N/A	N/A
Condon et al.[33]	2018	Principles of Prudent Healthcare	Patient-centered Care
Eames et al.[34]	2018	Theoretical Domains Framework (TDF)	Capacity Building and Professional Development
Eamranond et al.[35]	2022	Lean daily management (LDM) initiative	Patient-Centered Care
Eturajulu et al.[36]	2022	The Comprehensive Unit-based Safety Program (CUSP) Framework	Quality Improvement
Gardner et al.[37]	2023	Model of Implementation of Clinical Supervision	Capacity Building and Professional Development
Guo et al.[38]	2018	N/A	N/A
Gutenstein et al.[39]	2019	Taxonomy of Learning by Bloom and Kolb's Learning Cycle	Capacity Building and Professional Development
Harper et al.[40]	2022	N/A	N/A
Hunt et al.[41]	2022	N/A	N/A
Kagan et al.[42]	2024	Integrated Knowledge Translation (iKT) and The Knowledge-to-action (KTA) Cycle	Patient-centered Care
Kakemam et al.[43]	2021	The Management Competency Assessment Partnership (MCAP) Framework	Capacity Building and Professional Development
Kasatpibal et al.[44]	2018	N/A	N/A
Kuznetsova et al.[45]	2024	Implementation of Change Model	Change Management
Langabeer et al.[46]	2018	N/A	N/A

Authors	Year	Processes of Strategic Activity	Key Headings
Lin et al.[47]	2020	N/A	N/A
Mudge et al.[48]	2023	Integrated Promoting Action on Research Implementation in Health Services (i-PARIHS) Framework	Quality Improvement
Mughal et al.[49]	2019	A Plan-do-Study-act (PDSA) Framework	Process Improvement Methodologies
Opper et al.[50]	2019	Meleis' Transitions Theory	Change Management
Probus & Smith[51]	2020	Lean Methodology	Process Improvement Methodologies
Rodríguez-González et al.[52]	2020	The European Foundation for Quality Management (EFQM) Model	Quality Improvement
Sakamoto et al.[53]	2020	N/A	N/A
Schmutz[54]	2022	Kotter's 8 Steps for Change Model	Change Management
Smith et al.[55]	2018	4I Organizational Learning Framework	Quality Improvement
Staines et al.[56]	2018	N/A	N/A
Surani et al.[57]	2019	N/A	N/A
Trakulsunti & Trakoonsanti[58]	2021	Lean Methodology	Process Improvement Methodologies
Tsuru et al.[59]	2019	N/A	N/A
Vaghasiya et al.[60]	2021	Unified Theory of Acceptance and Use of Technology (UTAUT)	Organizational Readiness for Change
Vahdat et al.[61]	2024	N/A	N/A
van der Woerd et al.[62]	2024	N/A	N/A
Weech-Maldona do et al.[63]	2018	Burke and Litwin's (1992) Model of Organizational Performance and Cox's Interactional Model of Cultural Diversity.	Change Management
Wong et al.[64]	2021	Theoretical Domains Framework (TDF)	Organizational Readiness for Change
Yoon et al.[65]	2022	N/A	N/A
Yuce et al.[66]	2020	N/A	N/A
Yusrawati et al.[67]	2022	N/A	N/A
Zaforteza-Lallemand et al.[68]	2024	Integrated Promoting Action on Research Implementation in Health Services (i-PARIHS) Framework	Capacity Building and Professional Development
Zhang et al.[69]	2021	N/A	N/A
Zhao et al.[70]	2018	Joanna Briggs Institute Practical Application of Clinical Evidence System (JBI PACES)	Quality Improvement
Zimbudzi & Fraginal[71]	2023	N/A	N/A

4.2.3 | Exploring Hospital Strategic Planning and Strategic Implementation

4.2.3.1 | Hospital Strategic Planning and Strategy Implementation Activities

In eight studies (15.7%), hospital strategic planning and implementation activities were critical initiatives intended to maximize performance, improve patient care, and help hospitals navigate complex healthcare systems.[25,26,30,44,46,52,54,63] Nine studies (17.7%) demonstrated an unclear strategic process, suggesting a potential gap in reporting or utilizing explicit strategic methodologies.[21,22,26,27,33,37,38,44,46] A summary of the primary outcomes reported is outlined below:

- **Utilization of Structured Frameworks**

A total of six studies (11.8%) applied specific strategic planning or implementation frameworks.[27,29,30,42,48,54] Five studies (9.8%) utilized Lean Management methodologies to streamline processes, reduce waste, and improve efficiency within healthcare organizations.[27,30,31,35,51,58] Two studies (3.9%) used Kotter's model of change to facilitate organizational transformation.[29,54] One study (1.7%) used the Integrated Knowledge Translation (IKT) in combination with the Knowledge to Action (KTA) framework to improve communication between providers and patients.[42] Three studies (5.9%) applied structured frameworks such as IKT[42] and the Integrated Promoting Action on Research Implementation in Health Services (i-PARIHS) framework,[48,68] enabling organizations to implement research into practice.

- **Engagement of Stakeholders and Patients**

Cultivating collaboration among stakeholders, including patients, physicians, and executives, is essential. To promote collaboration, various strategies were utilized, including consultation techniques and standing committees.[41,44,52,54,58,66] Moreover, involving stakeholders in service redesign efforts has driven organizational change and fostered a culture of continuous improvement.[33]

- **Integration of Evidence-Based Tools and Frameworks**

Theoretical Domains Framework (TDF) has been utilized to guide knowledge translation efforts and identify barriers to practice change.[34,64] Similarly, the Joanna Briggs Institute Practical Application of Clinical Evidence System (JBI PACES) has been employed to implement best practices and improve clinical outcomes.[70]

- **Evaluation and Continuous Improvement**

Various evaluation methods, from pre-post surveys to retrospective chart reviews, were employed to assess the impact of strategic interventions and identify areas for refinement.[47,49,51] The Plan-Do-Study-Act (PDSA) cycle has been utilized to systematically test and adapt interventions based on real-time feedback and outcomes.[36]

4.2.3.2 | Systematic Analysis of Strategic Planning and Strategic Implementation

Included studies revealed several core approaches guiding effective decision-making and operational success in healthcare settings:

- **Strategic Planning in Healthcare**

The Lean Six Sigma (LSS) methodology emphasizes process improvement, cost minimization,[31,51] and improved operational efficiency, resulting in reduced medication wait times.[58] Through the WHO multimodal strategy, sustainable patient care and safety models have been used to address service gaps, such as hand-washing compliance.[33,56] Strategic flexibility is demonstrated when considering contextual factors, such as staffing needs and disruptions. This adaptability is evident when implementation frameworks are applied versatilely, allowing for adjustments based on evolving circumstances.[42]

- **Building Organizational Capacity**

Another strategic approach is building organizational capacity. Harper et al.[40] enhanced research capacity with a comprehensive toolkit supporting clinicians and promoting collaboration. Meanwhile, Weech-Maldonado et al.[63] focused on cultural competency to reduce disparities in care quality and workforce representation.

- **Improving Care Transitions and Staff Engagement**

Redesigning communication processes among healthcare teams improves hospital-to-home transitions,[50] while a generativity approach based on appreciative inquiry boosts staff retention and patient outcomes.[57] These strategies illustrate the diverse and effective strategic planning applications in healthcare organizations.

4.2.4 | Stakeholders in Hospital Strategic Planning and Implementation

Hospital personnel at all levels might be engaged in multifaceted strategic planning processes within patient care environments. Professionals across departments contribute to strategic planning, implementation, or analysis as directed by leadership. Eight (15.7%) of the 51 studies listed the types of roles involved in strategic planning and implementation.[21,26,35,37,43,59,60,66]

- **Administration to Clinical Stakeholders**

Successful strategic planning and implementation within patient care systems requires collaboration among hospital personnel with various skill sets.[35] Pharmacists, doctors, quality experts, and process teams all play a role in sustaining strategic planning. Administrative managers, from executives to junior management, must work with pharmacists, physicians, nurses, and social workers to implement and evaluate strategic planning effectiveness.[35,37,43,59,60,66]

- **Medical Staff and Family Support**

Medical staff in direct patient care are instrumental in implementing strategic planning. They have the skills to champion suitable care, patient recovery, and comfort.[21] Medical staff participating in patient care can effectuate decision-making and extend treatment plans to family members and caretakers.[26]

4.2.5 | Factors Influencing Strategic Planning in Hospitals

Numerous common factors have been identified as hindering or supporting staff engagement in strategic planning. Twenty-seven studies (52.9%) addressed both barriers to engagement and factors facilitating strategic planning.[22,31–34,37–40,42,44,45,49,52–58,60,63,65,66,69–71] An additional three studies (5.9%) focused solely on barriers,[41,48,61] while another three (5.9%) examined only facilitators.[50,59,67]

4.2.5.1 | Barriers to Strategic Planning

Factors identified as barriers to strategic planning, as reported within the studies, are summarized below:

- **Educational Awareness**

There is inadequate training and knowledge about critical procedures, such as reporting errors.[31] Eight studies (15.7%) noted insufficient awareness among staff about resources and responsibilities, which hinders strategizing and implementation.[22,31,32,34,41,44,57,70]

- **Resource Issues**

Budgeting concerns, staffing shortages, and inadequate access to necessary resources (technology, staff training programs, and medical or administrative tools) can disrupt executive goals.[31,32,34,41,48,58,70] Lack of time and resources can limit involvement in activities such as reporting errors or collaboration with local communities.[39,53,70]

- **Management and Workplace Culture**

Management and workplace culture are barriers to the strategic process that are often overlooked.[31,33,37,41,54,61,66] Key themes surrounding these factors include managerial and executive support, hesitation to progress, and a negative workplace culture, which creates barriers to implementing strategic initiatives.

- **Logistical Problems**

Operational issues such as time pressures, increasing heavy workloads, and staffing shortages can affect healthcare professionals' ability to engage in strategic planning activities or adopt new practices.[38,49,69,70]

- **Interdisciplinary Collaboration and Communication**

Studies noted that fragmented care can be attributed to poor or no inter-departmental communication and cooperation among staff, blocking the development and implementation of effective strategic goals.[41,65,66]

- **External Issues and Stakeholder Relationships**

There were also external factors that influenced the lack of strategizing. Various community engagement and legal issues can influence strategic decision-making and implementation efforts along with other factors such as a lack of support from various media outlets.[32,33,39,49,55]

- **Cultural and Structural Factors**

The included studies highlighted differences in cultural and group organization, data silos, and structural barriers within the healthcare system, which act as another blockade to initiating and cultivating strategic change programs or brainstorming among staff.[38,44,69]

4.2.5.2 | Facilitators in Strategic Planning

These factors facilitating strategic planning, as reported in the evidence, are summarized below.

- **Safe Environment and Positive Attitudes**

Nine studies (17.7%) mentioned the need for a safe environment for employees to share new ideas and participate in strategic planning.[24,31,33,50,52,56,60,63,69] Having experienced professionals, such as senior pharmacists, overseeing the reporting process has enhanced effectiveness and ensured prompt issue resolution.[24,31,33,50,56,60] Staff recognition, work satisfaction, and diversity are motivators for staff engagement in planning.[31,52,63,69]

- **Voluntary Reporting Systems and Learning**

Hospitals that created pathways for staff to participate in incident reporting or bring up work-related issues voluntarily were noted to advance a positive workplace culture of quality assurance and honesty.[31,53]

- **Relevance and Competence of Physician and Nurse Training Programs**

Physician and nursing skills are crucial, and ensure that both are equipped with the competencies that enhance their ability to contribute effectively to strategizing and decision-making.[32,44,57] Training programs that emphasized new roles in leadership or focused on educating staff were beneficial for learning more about implementing strategic initiatives into actionable steps.[44,45,67,70,71] One study (2%) involved redesigning a patient-focused service delivery model for unscheduled care.[33] A key component of this plan engaged hospital staff and the community in the service redesign and trained hospital nurses to be Emergency Nurse Practitioners (ENPs).

4.2.6 | Exploring Strategic Flexibility in Hospitals

Studies that explored strategic flexibility in hospitals highlighted how healthcare institutions adapt to changing environments and are summarized below.

- **Strategic Flexibility in Urban or Rural Hospitals**

Eighteen studies (35.3%) showed strategic flexibility in various urban and rural care environments.[31-33,37-39,42,53-58,60,65,66,69,70] The term urban was explicitly applied to the study by Gardner et al.[37] Rural hospitals were included in the studies by Gutenstein et al.[39] and Smith et al.[55] Strategic flexibility within these hospitals differed in how hospital staff implement frameworks, team huddles, and education for themselves or to improve patient-centered outcomes.

- **Dispersal of Medication Errors**

Using Lean Six Sigma and Failure Mode and Effect Analysis can identify issues and where dispersal errors are happening, and thorough monitoring can reduce dispensing mistakes.[31] At the mechanical level, reducing medication dispersal errors and incorporating electronic medication management systems in a qualitative case inquiry relied heavily on the support of executives and clinicians.[60]

- **Role Adjustments and Adaptation**

Medical staff's daily activities require a willingness to adapt and respond to change.[32,33] Utilizing the informatics competency model and data-driven feedback with iterative service redesign allows strategic flexibility. Hospital administration, clinicians, and family members can use efficient communication and knowledge-sharing strategies to address care for aphasia patients.[61]

Redeployment in hospitals can reduce staffing shortages. Hemodialysis nurses were redeployed to help with COVID-19 staffing shortages, improving nurses' confidence even though it was temporary.[71] Advanced practice nurses/ward nurses strategically develop interpersonal relationships and mentoring to build buy-in and improve patient health outcomes.[68]

- **Enhancing Personnel Development and Training**

Encouraging feedback and training is fundamental to creating strategic flexibility throughout the organization. It can be done by supporting staff to incorporate self-assessment and enabling communication, increasing patient safety, and further translating into knowledge-building capacity and infection reduction.[37,38,53] Simulation training for trauma and interprofessional cases can train clinical staff for various patient care situations. Personal development, training, and education can foster strategic flexibility in hospital environments.[39,54,57] Patient safety, team building, and inclusivity are essential to quality improvement processes and help advance theoretical frameworks.[57,66] One study noted strategic flexibility outcomes that included patients and clinicians in thromboembolism training.[70]

- **Prevention and Compliance**

The strategic flexibility outcomes utilized feedback from healthcare and ward leaders to address hand hygiene through a customized process for each ward involved in the education process.[56]

- **Analysis Examining Bottlenecks in Precaution Protocols**

Bottleneck analysis was identified as a tool to identify gaps in processes related to personal protective equipment usage, training, interventions, workloads, and budget allocation.[47] Strategic flexibility in this study responded to the constraints of policy adaptation and training at the patient level to adhere to step-by-step precaution standards.

4.2.7 | Identifying Research Gaps in Hospital Strategic Planning

Gaps in the studies comprised methodological limitations, contextual specificity, and conflicting definitions of 'strategy'. Only 11 studies (21.6%) defined strategizing or referenced a strategic planning framework.[31,33,40,50,51,56–60,63] (**Table 4**). Methodological limitations included the absence

of simultaneous control studies; most were quasi-experimental with no randomized control trials[31,49]. Convenience sampling and the absence of experimental conditions impacted the external validity of studies. The greatest limitation was the lack of a homogeneous definition of 'strategy'.

Table 4. Definitions of Strategizing

Authors	Year	Definition of strategizing
Chen et al.[31]	2021	"Through the five-step Define, Measure, Analyze, Improve, and Control (DMAIC) process of Lean Six Sigma (LSS and quantitative analysis of Risk Priority Numbers (RPNs) using Failure Mode and Effect."
Condon et al.[33]	2018	"Following the principles of prudent healthcare, a service redesign of unscheduled care was carried out at Prince Phillip Hospital, Llanelli, to improve the patient experience. Extending the roles of specialist nurse practitioners was a major component of this redesign."
Harper et al.[40]	2022	"A research capacity building toolkit was proposed, identifying strategies to support allied health professionals to undertake research. […] The toolkit proposed by Matus, Wenke & Mickan (2019) includes the following components: supporting clinicians in research, working together and valuing research for excellence."
Opper et al.[50]	2019	"Tools for improving communication were drawn from the Team Strategies and Tools to Enhance Performance and Patient Safety program, an evidence-based Teamwork system to improve communication and teamwork skills among health care professionals."
Probus & Smith[51]	2020	"Strategies to reduce Emergency Department length of stay that are reasonable for this critical access hospital include making an organization-wide interdisciplinary commitment to throughput, enhancing timely turnover of admitted patients, securing bedside registration, bypassing triage, and improving turnaround times for ancillary diagnostic studies."
Staines et al.[56]	2018	"Using all elements of the WHO multi-modal strategy to promote hand hygiene. […] Two of the WHO modes were strongly emphasized: first, the implementation of a strong systematic feedback system, through which wards were able to follow their own results and compare them with similar units, and through which clinical leaders throughout the organization could see the results for their area of responsibility; and second, a creative and ambitious programme of social marketing and communication was relied upon to remind all professionals about hand hygiene both at points of care and in institutional communication."
Surani et al.[57]	2019	"The purpose was to engage nurses and leaders in creating a more collaborative, integrated and generative environment for nursing and quality patient care across the organization, while making visible the valuable contributions nurses make to the organization. […] Based on the principle of 'generativity' and informed by the principles of appreciative inquiry in which what is most "life-giving" in an organization is articulated, allowing the establishment of future directions and plans."
Trakulsunti & Trakoonsanti[58]	2021	"Study was carried out through action research methodology by following four key phases: identification of problems; planning action; taking action; and evaluation. In the "taking action" phase, Lean tools, including value stream mapping and 5S were implemented to improve dispensing process in an inpatient pharmacy. In the 'evaluation phase,' the critical success factors of Lean implementation in an inpatient pharmacy were evaluated by the participants."
Tsuru et al.[59]	2019	"Focusing on a personnel cost-increasing factor, overtime work, reduction of overtime work of nurses, which accounts for a large ratio of personnel expenses, is targeted. […] We proposed the design of digitalization as an innovation of nursing records and investigated its usefulness and feasibility aiming at solving the problem with overtime work in health care."
Vaghasiya et al.[60]	2021	"Patient-centric implementation strategy, based on the guiding principle of one patient, one chart. […] This patient-centric approach avoided hybrid medication charts being used for the same patient, thus minimizing the risk of medication errors and also creating no disruption on the workflow."
Weech-Maldonado et al.[63]	2018	"A systematic, multifaceted, and organizational level cultural competency/diversity intervention aimed at improving organizational and individual level competencies of diversity can positively affect diversity climate and workforce diversity."

5 | DISCUSSION

This scoping review explored how hospital personnel strategize from planning to implementation and revealed the following four recurring themes (see **Figure 3**) that provide insight into hospital strategizing practices:

1. **Strategizing Definition**

Clear goals and methodologies ensure alignment of efforts toward long-term objectives, thereby improving efficiency, effectiveness, and sustainability in healthcare delivery. As demonstrated in the reviewed articles, well-defined strategies enable healthcare organizations to tackle operational challenges efficiently, enhance patient safety and care quality, build organizational capacity, and effectively engage staff. Aligning these efforts with clear long-term goals facilitates sustainable improvements that benefit patients and healthcare providers.

2. **Strategic Implementation Activities**

Activities cover personnel management, quality improvement, patient involvement, operational effectiveness, and organizational readiness for change. Studies suggested that hospital personnel strategized through formal planning processes, specific tools, and the active involvement of various stakeholders. Key processes included the use of structured frameworks such as Lean Management and Kotter's model of change, stakeholder and patient engagement through collaboration, integration of evidence-based tools like the Theoretical Domains Framework (TDF) and JBI PACES, and continuous evaluation using methods like pre-post surveys and the PDAS cycle.

However, nine studies (17.7%) did not clearly state their strategic planning methodologies, which suggests a need for better documentation of strategic processes.[21,22,26,27,33,37,38,44,46]

To thrive in the complex healthcare environment, hospitals must address workforce needs, patient engagement, quality, and operational optimization.

3. **Facilitators and Barriers**

Facilitators in this review promoted strategic goals and included a safe environment, positive culture, incident reporting systems, leadership, and service redesign training. Barriers included lack of training and funding, and inadequate collaboration across various departments. Discouraging workplace culture, ineffective management, increased workloads, data silos, staff shortages, and time constraints all limited staff strategic engagement. Also lacking was the consistent definition of strategy in healthcare change management, which contributed to and detracted from the success of these initiatives. Other gaps included inadequate cost-efficiency evaluation, limited exploration of long-term impacts and sustainability of intervention, and lack of evaluation of patient engagement.

4. **Overall Implications and Strategic Insights for Hospitals and Healthcare**

Several key strategies and practices are crucial for improving hospital and healthcare performance:

- *Quality Improvement and Management Systems*

The EFQM Excellence Model, as detailed by Rodríguez-González et al.,[52] effectively enhanced hospital pharmacy performance through systematic assessments and strategic planning. Similarly, Lean Six Sigma methodologies, demonstrated by Chen et al.,[31] significantly reduced pharmacy dispensing errors. These frameworks highlight the necessity of continuous improvement, systematic problem-solving, and strong leadership in driving quality initiatives.

- *Patient Safety Strategies*

Developing a comprehensive knowledge base on the implementation process and its impact on care delivery remains a critical priority. As Guo et al.[38] described, medical safety huddles have been successfully implemented in rehabilitation settings as a novel strategy to enhance patient safety. Additionally, Kasatpibal et al.[44] explored the implementation of surgical safety checklists, underscoring the challenges and benefits in non-native English-speaking contexts. Effective communication, teamwork, and standardized procedures are critical to promoting patient safety. Kuznetsova et al.[45] highlighted that deploying new technology can enhance patient safety and address numerous challenges in healthcare delivery.

- *Staff Training and Development*

Investing in staff training improves clinical outcomes and enhances job satisfaction and retention. Schmutz[54] detailed the institutionalization of interprofessional simulation education programs, which significantly improved teamwork and clinical skills. Moreover, Chen et al.[32] developed a competency model to enhance nursing informatics skills, addressing a critical need in modern healthcare environments. Kuznetsova et al.[45] emphasized the importance of customizing educational approaches for each healthcare user group and how it is essential to drive meaningful and effective changes within healthcare settings.

- *Technological Innovations*

Vaghasiya et al.[60] reported successfully implementing electronic medication management systems, which streamline medication processes and reduce errors. Additionally, Al Zoubi et al.[23] discussed the application of artificial intelligence to optimize team efficiency in high-volume medical practices. Technological advancements present significant opportunities for improving efficiency, accuracy, and patient care.

Kuznetsova et al.[45] revealed that healthcare technology can greatly enhance care delivery, improve patient outcomes, and increase staff satisfaction. However, challenges remain in effectively incorporating such technology into clinical workflows.

- *Leadership and Strategic Planning*

Leadership strategies that promote continuous improvement and innovation are essential for long-term success. Allen et al.[25] provided examples of leadership strategies that sustain quality interventions, such as Chlorhexidine Gluconate bathing. Furthermore, Kakemam et al.[43] emphasized the importance of developing competent public hospital managers through targeted training and development programs.

- *Strategic Flexibility*

Flexibility can be seen in how staff members implement and integrate frameworks and educational initiatives into their practice and use them to improve patient outcomes. Urban and

rural settings use different approaches to strategic flexibility. For instance, urban settings might focus on more complex frameworks due to their resources, and rural settings may highlight community-based strategies and require staff to adapt quickly to limited resources.

Included studies highlight key aspects that promote strategic flexibility. First, data-driven feedback and iterative processes are crucial because informatics and redesign processes empower staff to adapt effectively to environmental changes and facilitate continuous improvement. Second, ongoing training and education are essential for creating strategic flexibility. Third, patient safety, team building, and inclusivity are critical outcomes of strategic flexibility. By drawing from theoretical ideas and promoting cohesion, healthcare organizations can improve quality and effectiveness. Lastly, strategic flexibility enables organizations to handle uncertainty and change. By fostering a culture of adaptability, healthcare organizations can enhance patient outcomes, ensuring resilient healthcare systems.

Figure 3. Key Implications for Strategizing in Hospitals and Healthcare Settings

6 | LIMITATIONS

The databases selected for this review differ from those originally outlined in the protocol.[17] ABI/INFORM, Embase, and OpenGrey.net were not searched, and Business Source Complete was added. Access to databases for searching and pragmatic decisions due to the volume of records and time constraints of the team drove the change to restrict the years to 2018 to 2024 and not include gray literature. EndNote X8 and Covidence platforms were also replaced with Zotero and Rayyan for citation management and screening, and this had no impact on the processes used in this review. ChatGPT was used for initial content analyses to support further testing and enable wider critical thinking by review team members. While this was not part of the original protocol, it provided an opportunity to test the platform as a learning experience.

7 | CONCLUSIONS AND RECOMMENDATIONS

The findings from this scoping review highlighted several key implications for strategizing within hospitals and the healthcare setting in general. The first noteworthy observation is the lack of a clearly defined strategy reported in the evidence. Several studies reported limited information, including defining the strategy or framework used. Organizations with well-defined strategies are better positioned to adapt to evolving demands and achieve success. Secondly, hospitals should adopt and implement a comprehensive quality framework, such as European Foundation for Quality Management (EFQM) or Lean Six Sigma, to identify and address areas for systematic improvement. Third, patient safety should be enhanced through standardized safety protocols and fostering a safety culture via regular training and effective communication. Fourth, investing in continuous professional development and training programs is crucial for maintaining a skilled and motivated healthcare workforce. Fifth, leveraging and integrating advanced technologies can significantly enhance efficiency and accuracy in healthcare delivery. Lastly, strong leadership at all levels is essential for driving strategic initiatives and fostering a culture of excellence.

Future research recommendations can be informed by the review findings and the knowledge gaps identified. Findings from this scoping review will be of interest to hospital personnel and policymakers at all levels. Successful management changes in healthcare rely on robust frameworks, strong leadership, comprehensive training, and stakeholder engagement. Addressing common barriers is also crucial to the effective adoption of new practices. These findings underscore the importance of strategic planning and continuous improvement in enhancing the overall efficacy of healthcare delivery.

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